

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31853

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8509	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3714 N. Euclid Avenue, 15.				d. STREET ADDRESS (If rural, give location) 3714 N. Euclid Avenue, 15.			
3. NAME OF DECEASED (Type or Print)		a. (First) Ida		b. (Middle) _____		c. (Last) Sieving	
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23rd, 1951	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (State or foreign country) Alton, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Cobine		13b. MOTHER'S MAIDEN NAME Susan Yokum		14. NAME OF HUSBAND OR WIFE Late August Sieving			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. P. Shannon, 3714 Euclid Avenue, 15.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 2 yrs. 2 "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X			
22. I hereby certify that I attended the deceased from Jan. 2, 1949, to Sept. 23, 1951, that I last saw the deceased alive on Sept. 20, 1951, and that death occurred at 1:04 A.M., from the causes and on the date stated above.							
23a. SIGNATURE A. W. Peters M.D. (Degree or title)				23b. ADDRESS 4145 a S. Grand Blvd.		23c. DATE SIGNED 9/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/26/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri	
DATE REC'D BY LOCAL SEP 26 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John A. Mena

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.